

10/521197

DT15 Rec'd PCT/PTO 13 JAN 2005

Application Data Sheet

**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: COSMETIC COMPOSITION COMPRISING  
UBIQUITIN  
Attorney Docket Number:: 0512-1256  
Request for Early No  
Publication?::  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets::  
Small Entity?:: No  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent No  
Appl.?::

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: CHRISTIAN  
Middle Name::  
Family Name:: LUBRANO  
Name Suffix::  
City of Residence:: LES MOULINEAUX  
State or Province of Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 16 RUE DU DOCTEUR VUILLIEME  
Address::  
City of Mailing Address:: LES MOULINEAUX  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 92130

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: JEAN-RENAUD  
Middle Name::  
Family Name:: ROBIN  
Name Suffix::  
City of Residence:: NANTERRE  
State or Province of Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 24 RUE CIRCULAIRE  
Address::  
City of Mailing Address:: NANTERRE

State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 92000

**Correspondence Information**

Correspondence Customer  
Number::

00466

**Representative Information**

Representative Customer  
Number::

00466

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR2003/002109	7/7/03

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	02/08992	7/16/02	Yes

**Assignment Information**

Assignee Name::  
Street of Mailing  
Address::  
City of Mailing Address::  
State or Province of Mailing Address::  
Country of Mailing Address::  
Postal or Zip Code of Mailing Address::